

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 6002

1. PLACE OF DEATH:

County CarolineCity or town Greensboro
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 yr

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Greensboro Rural Greensboro
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Jennie Bridge (Lulu Regena)

3. (b) Social Security Number

4. Sex

F.

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

Unmarried

6. (b) Name of husband or wife

Henry H. Bridge

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

June 28, 1878

8. AGE:

69

11

11

If less than one day

hrs.

min.

9. Birthplace

Talbot County

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name William Wesley Baynard13. Birthplace Talbot Co., Md.14. Maiden name Margaret Ellen Lyness15. Birthplace Talbot Co., Md.

16. Informant

Address Preston, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

June 11, 1948
(month) (day) (year)

Cemetery or crematory

Burial

Location

Rural Greensboro, Md.

18. Funeral director

Address Greensboro, Md.

19.

6/11 48
(Date rec'd by registrar)

19.

48

N.H. Nerren
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9, 1948 at 3:40A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Dec. 19 1940 to June 9 1948and that I last saw him alive on June 9, 1948

Immediate cause of death

Diabetes Mellitus

Due to

Due to

Other conditions Secondary Anemia

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

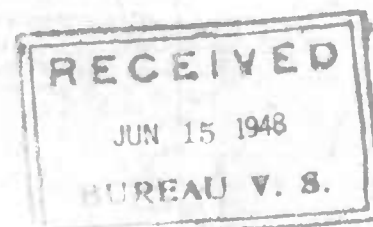
Injured at work?

23. SIGNATURE

Charles H. Henshaw
Address Greensboro, Md.

M. D. or other

Date signed 6/9/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6003

Reg. Dist. No. 62

1. PLACE OF DEATH:

County CarolineCity or town Denton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 mo

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State North Carolina CountyCity or town
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

4. Sex M 5. Color or race Col 6. (a) Single, married, widowed, or divorced unknown6. (b) Name of husband or wife unknown7. Birth date of deceased (mo., day, yr.) unknown 18888. AGE: Years Mont 60 Months unknown Days unknown If less than one day unknown hrs. min.9. Birthplace unknown
(Town, county, and state)10. Usual occupation day laborer

11. Industry or business

12. Name unknown13. Birthplace unknown14. Maiden name unknown15. Birthplace unknown16. Informant Wayward HaynesAddress A.F.D. Denton, Ind.17. Burial Date thereof June 30, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Denton ColoredLocation Denton Maryland18. Funeral director J. Virgil Moore, SonAddress Denton Maryland19. 6/28 19. 48 Registrar Wm S. George
(Date rec'd by registrar)

3. (b) Social Security Number

222-18-0591

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27, 1948 at 6A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

and that I last saw him alive on 19.

Immediate cause of death

Cerebral Hemorrhage Sudden

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm S. George M. D. or otherAddress Denton Date signed 6/28/48

1888

60

1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6004

Reg. Dist. No. 62

1. PLACE OF DEATH:

County CarolineCity or town Bethlehem
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Bethlehem
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Anny F. Carroll

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

Willie J. Carroll

7. Birth date of deceased (mo., day, yr.)

February 25, 1868

6.(c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

80323

hrs.

min.

9. Birthplace

Caroline County, Maryland
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

NoneFATHER
MOTHER

12. Name

William H. Harding

13. Birthplace

Linchester County, Maryland

14. Maiden name

Eliza Ann Willoughby

15. Birthplace

Caroline County, Maryland

16. Informant

Mrs. J. Edwin Brown

Address

Federalburg, Maryland

17.

Burial
(Burial, cremation, or removal, Which?)Date thereof June 21, 1948
(month) (day) (year)

Cemetery or crematory

Linchester Cemetery

Location

Near Preston, Maryland

18. Funeral director

J. F. Thompson and Son

Address

Federalburg, Maryland

19.

June 21, 1948
(Date rec'd by registrar)C. W. Plummer

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18, 1948 at 5:40 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased July 40 June 18, 1948and that I last saw him June 18, 1948 alive on June 18, 1948

Immediate cause of death

Chronic myocarditis

DURATION

1 yr.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE

Frank M. Anderson M.D.
Federalburg Md. 6/21/48

RECEIVED

JUN 23 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6005

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH

County *Frederick*City or town *Frederick*
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? *2 yrs*

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *MD* County *Caroline*City or town *Frederick*
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Louise McVeldes Chapman

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

William H. Chapman

7. Birth date of

deceased (mo., day, yr.)

March 2 - 1880

8. AGE:

Years *68* Months *3* Days *11* if less than one day _____ hrs. _____ min.

9. Birthplace

Washington, D.C.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

William McVeldes Chapman

MOTHER FATHER

12. Name

William McVeldes Chapman

13. Birthplace

Washington, D.C.

14. Maiden name

Alice McVeldes

15. Birthplace

Washington, D.C.

16. Informant

William H. Chapman

Address

Frederick, Md.

17. Cause of death

Coronary Thrombosis

(Burial, cremation, or removal. Which?)

Coronary Thrombosis

Cemetery or crematory

Oak Hill Cemetery

Location

Georgetown, Wash. D.C.

18. Funeral director

John D. Hulett

Address

Frederick, Md.

19. Date rec'd by registrar

June 16 - 1948

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *June 13th* 19 *48* at *6:30 A.M.*

I CERTIFY that death occurred on the date above stated; that I attended deceased from

from *June 13* 19 *48* to *June 13* 19 *48*and that I last saw him/her alive on *June 13* 19 *48*

Immediate cause of death

Coronary Thrombosis

DURATION

Due to

Due to

Other conditions

No other gross chronic

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

*Kurt Lechner M.D.*Address *Chesapeake Md.* Date signed *6/14*

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 6.1

1. PLACE OF DEATH:

County Caroline
City or town Greensboro
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind. County 9 A.
City or town Centerville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Walter Cook

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

May 6 - 1871

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

77109

hrs.

min.

9. Birthplace

Queen Anne Co. Ind.
(Town, county, and state)

10. Usual occupation

Care taker

11. Industry or business

Court House

12. Name

Clinton Cook

13. Birthplace

9 A. Co. Ind.

14. Maiden name

Eliza Wiggins

15. Birthplace

9 A. Co. Ind.

16. Informant

Mrs. May Nelson
Centerville Ind.

Address

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

June 17 1948
(month) (day) (year)

Cemetery or crematory

Location

Centerville, Md.

18. Funeral director

Edgar L. Lane
Church Hill, Md.

Address

19.

June 14 1948
(Date rec'd by registrar)L. Mae Pizzin
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1948 at 3:12 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 7 1947 to June 15 1948
and that I last saw him alive on June 14 1948

Immediate cause of death

Chronic Myocarditis
Intermittent
Cardiovascular Disease

DURATION

Due to

Due to

Ischemic Cardiac Pathology

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

Charles X. Hoenig
Greensboro, Md. Date signed 6-15-48

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 22 1948

BUREAU V. S.

WS-AUG 59 445-1234

MARGIN RESERVED FOR FINDING

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N

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

97

6007

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline
 City or town Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 weeks
 Hospital, institution, or street address where death occurred:
River Road
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Preston - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (c) If veteran, name war _____

3. (a) FULL NAME

Ella S. Friend

3. (b) Social Security Number

219-14-3628

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife Charles E. Friend

7. Birth date of deceased (mo., day, yr.) May 6, 1893 8. (c) If alive, give age _____ years

8. AGE: Years 55 Months 1 Days 11 If less than one day hrs. _____ min. _____

9. Birthplace Caroline County, Maryland
 (Town, county, and state)
Horsework

10. Usual occupation _____

11. Industry or business Home

12. Name John Phillips

13. Birthplace Dorchester County, Maryland

14. Maiden name Susan Simpson

15. Birthplace Caroline County, Maryland

16. Informant Ella S. Friend

Address Federalburg, Maryland

17. Burial Date thereof June 19, 1948
 (Initial, cremation, or removal; which) (month) (day) (year)

Cemetery or crematory St. Pleasant Cemetery

Location Near Preston, Maryland

18. Funeral director J. J. Frampton

Address Federalburg, Maryland

19. June 19 19 48 J. J. Frampton
 (Date filed by registrar) (month) (day) (year)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 19 48 at 12:30 A.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 19 48 to June 17 19 48 and that I last saw him alive on June 16 19 48

Immediate cause of death incontinence + refusal to eat
senility DURATION 1 month
5 yrs +

Due to _____

Due to _____

Other conditions General arteriosclerosis 5 yrs +

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Manner of injury SL Injured at work? _____

23. SIGNATURE W. J. Harrison MD

Address Hurlock Md Date 6/19/48

RECEIVED

JUN 26 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6008

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline
 City or town Burrsville, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life time
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State MD County Caroline
 City or town Burrsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Allen Thurmon Barrett

3. (b) Social Security Number

4. Sex

M.

5. Color or race

W.

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Addie Webber Barrett

7. Birth date of deceased (mo., day, yr.)

Nov 7 1881

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

66716

hrs.

min.

9. Birthplace

Burrsville, Md.

(Town, county, and state)

10. Usual occupation

Law mill operator

11. Industry or business

James Barrett

FATHER

12. Name

James Barrett

MOTHER

13. Birthplace

Md.

14. Maiden name

Louisa Brown Barrett

15. Birthplace

Maryland

16. Informant

Allen Barrett (son)

Address

Balto. Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 6-27-48

Cemetery or crematory

Deaton Cemetery

Location

Deaton, Md.

18. Funeral director

J. Virgil Moore & Son

Address

Deaton, Md.

19. Date rec'd by registrar

6/27 4819 48W. D. George

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

June 23 19 48

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

December 15 19 47 to June 23 19 48and that I last saw him alive on June 22 19 48Immediate cause of death Cornue Myocarditis

DURATION

Due to

Coronary Arteriosclerosis

Due to

Coronary Arteriosclerosis

Other conditions

Old Hypertension

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work? _____

23. SIGNATURE

Chas. H. Streachin

M. D. of District

Address Queen in Md. Date signed 6-24-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 29 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6009

Reg. Dist. No. 62

1. PLACE OF DEATH

County CarolineCity or town Denton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County CarolineCity or town Denton
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Zebulon Goodyear

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced widowed6. (b) Name of husband or wife unknown

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) June 29, 18768. AGE: Years 71 Months 11 Days 27 If less than one day _____ hrs. _____ min.9. Birthplace Elletts, Cecil, Ind.
(Town, county, and state)10. Usual occupation laborer

11. Industry or business

12. Name Glute Goodyear13. Birthplace Ind.14. Maiden name Margaret Short15. Birthplace Ind.16. Informant Pearl HillAddress Denton, Maryland17. Burial Date thereof June 30 1948
(Burial, cremation, or removal) Which? (month) (day) (year)Cemetery or crematory Denton CemeteryLocation Denton, Maryland18. Funeral director J. Virgil Moore & SonAddress Denton, Maryland19. 6/30 48 J. M. A. Jones
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1948 at _____ M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 28 1943 to June 26 1948and that I last saw him alive on June 26 1948Immediate cause of death Carcinoma Larynx -DURATION one year

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. Paul Thotts M.D.

M. D. or other

Address Denton Ind. Date signed 6/29/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUL 1 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6010

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline
 City or town Benton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? all life
 Hospital, institution, or street address where death occurred:
510 Lincoln Street
 How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Benton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 510 Lincoln
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

William Henry Holmes

3. (b) Social Security Number

4. Sex male 5. Color or race aa 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Eleanor Holmes
 6. (c) If alive, give age Don't know years
 7. Birth date of deceased (mo., day, yr.) 1-1-1892
 8. AGE: Years 56 Months 6 Days 15 If less than one day _____ hrs. _____ min.
 9. Birthplace Benton, Caroline Co. Maryland
 (Town, county, and state)
 10. Usual occupation Mechanics
 11. Industry or business State Roads Com.

FATHER 12. Name Isaac Holmes
 13. Birthplace Caroline Co. Maryland
 MOTHER 14. Maiden name Annie Sampson
 15. Birthplace Caroline Co. Maryland
 16. Informant Miss Mary Edna Holmes
 Address 516 West St. Milford, Delaware
 17. Burial Date thereof 6-19-48
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Spring Grove
 Location Benton, Maryland
 18. Funeral director James F. Statart
 Address 402 E. Church St. Salisbury, Md.
 19. 6/16 1948 Wm D. Long
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1948 at 6 p. M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 29 1933 to June 16 1948
 and that I last saw him alive on June 16 1948

Immediate cause of death Acute Myocarditis - complete infarction of heart -
Instrumental dilatation without stenosis. DURATION 2 days.
 Due to _____
 Due to _____
 Other conditions Hypertension Myth a pen.
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

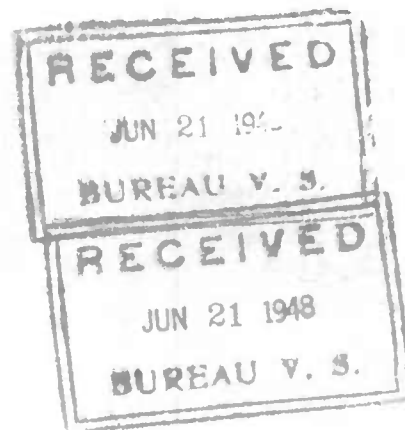
Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Wm D. Long M. D. or other _____
Denton, Md Address _____ Date signed 6/17/48

1892-0-1

1948-6-16
56-6-15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6011

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:

County Caroline
 City or town Greensboro Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 33 Yrs.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Greensboro Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____ X

3. (a) FULL NAME

Asbury Hubbard

3. (b) Social Security Number

X

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife Zennie

7. Birth date of deceased (mo., day, yr.) June 4, 1872 6. (c) If alive, give age 74 years

8. AGE: Years Months Days If less than one day

76 0 7 hrs. min.

9. Birthplace Greensboro, Caroline, Md.
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business X

12. Name William H. Hubbard

13. Birthplace Maryland

14. Maiden name Matilda Hevelow

15. Birthplace Delaware

16. Informant Zennie Hubbard

Address Greensboro, Maryland.

17. Burial Date thereof 6/15/48
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Greensboro

Location Greensboro, Maryland.

18. Funeral director Raymond B. Rawlings

Address Greensboro, Maryland.

19. June 13, 1948 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11, 1948 at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 7, 1948 to June 11, 1948

and that I last saw him alive on June 7, 1948

Immediate cause of death Cardiac Insufficiency DURATION 1 min.

Due to Severe Spontaneous

Pneumothorax with 30 Pa

Due to General Subcutaneous

Emphysema

Other conditions Rupture of Aortic

Aneurysm (Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE George White M. D. or other

Address Reddy Date signed 6/12/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 60

6012

1. PLACE OF DEATH:

County..... **Caroline**
 City or town..... **Henderson Rural**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... **59 Yrs.**
 Hospital, institution, or street address where death occurred:
 **X**
 How long in hospital or institution?..... **X**

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... **Maryland** County..... **Caroline**
 City or town..... **Henderson Rural**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... **X**

3. (a) FULL NAME

Mariam Hughes

3. (b) Social Security Number

X

4. Sex..... **F.** 5. Color or race..... **White** 6.(a) Single, married, widowed, or divorced..... **Widowed**
 6.(b) Name of husband or wife..... **Elick**
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.)..... **April 27, 1866**
 8. AGE: Years..... **82** Months..... **2** Days..... **2** If less than one day..... hrs. min.

9. Birthplace..... **? Maryland**
 (Town, county, and state)
 10. Usual occupation..... **Housewife**
 11. Industry or business..... **X**

FATHER 12. Name..... **Joseph Satterfield**
 13. Birthplace..... **Maryland**
 MOTHER 14. Maiden name..... **Nancy Jones**
 15. Birthplace..... **Maryland**

16. Informant..... **Jessie Hughes**
 Address..... **Henderson Rural**
 17. **Burial** Date thereof..... **7 / 2 / 48**
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... **Greensboro**
 Location..... **Greensboro, Maryland.**

18. Funeral director..... **Raymond B. Rawlings**
 Address..... **Greensboro, Maryland.**

19. **7/2** 19 **48** **A O Smith**
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... **June 29 19 48** at **120P.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **May 1 19 48** to **June 29 19 48** and that I last saw him alive on **June 27 19 48**.

Immediate cause of death..... **Diabetes Mellitus**

Due to.....

Due to.....

Other conditions..... **Cor Myocarditis**

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... **Charles H. Satterfield** M. D. or PhysicianAddress..... **Greensboro, Md** Date signed..... **7/2/48**

RECEIVED

AUG 3 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. *6H*

6013

1. PLACE OF DEATH:

County *Caroline*
 City or town *Federalburg - Rural*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *Life*
 Hospital, institution, or street address where death occurred:
American Corner
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Maryland* County *Caroline*
 City or town *Federalburg - Rural*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. *American Corner*
 (If rural, give LOCATION)
 2. (a) If veteran, name war

3. (a) FULL NAME

Annie L. Langrell

3. (b) Social Security Number

None

| | | | |
|---|----------------------------------|--|------------------|
| 4. Sex <i>Female</i> | 5. Color or race <i>White</i> | 6. (a) Single, married, widowed, or divorced <i>Widowed</i> | |
| 6. (b) Name of husband or wife <i>Charles L. Langrell</i> | | | |
| 7. Birth date of deceased (mo., day, yr.) <i>March 24, 1855</i> | | | |
| 8. AGE: Years Months Days (If less than one day) | | | |
| <i>93</i> | <i>2</i> | <i>8</i> | <i>hrs. min.</i> |

8. (c) If alive, give age years

9. Birthplace *Caroline County, Maryland*
 (Town, county, and state)
 10. Usual occupation *Housework*
 11. Industry or business *Home*
 12. Name *James L. Payne*
 13. Birthplace *Dorchester County, Maryland*
 14. Maiden name *Julia Blades*
 15. Birthplace *Caroline County, Maryland*
 16. Informant *Mrs. Nora Howard*
 Address *Federalburg, Maryland, R.F.D.*
 17. *Burial* Date thereof *June 4, 1948*
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory *Union Grove Cemetery*
 Location *Near Pexton, Maryland*
 18. Funeral director *J. J. Frampton*
 Address *Federalburg, Maryland*
 19. *June 4* 19 *48* *J. J. Frampton*
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *June 2* 19 *48* at *1 A.* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *May 15* 19 *48* to *June 2* 19 *48*
 and that I last saw him alive on *June 2* 19 *48*

Immediate cause of death *Chronic myocarditis*
 DURATION *10 yrs.*

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

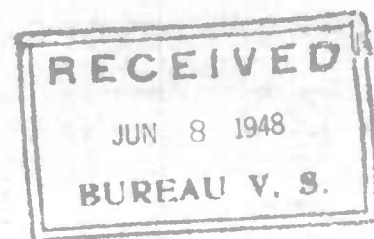
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *Frank M. Anderson MD.*

Federalburg, Md. Date signed *6/4/48*
 Address



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 61

6014

93d

1. PLACE OF DEATH:

County Caroline
 City or town Greensboro
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 Day
 Hospital, institution, or street address where death occurred:
Stewart Home
 How long in hospital or institution? 1 Day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Ridgely
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war X

3. (a) FULL NAME

Phillip Edgar Lewis

3. (b) Social Security Number

X

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Jennie
 6. (c) If alive, give age 72 years
 7. Birth date of deceased (mo., day, yr.) June 25, 1876
 8. AGE: Years 71 Months 11 Days 8 If less than one day _____ hrs. _____ min.

9. Birthplace Canada
 (Town, county, and state)
 10. Usual occupation Bricklayer
 11. Industry or business X

12. Name No Record
 13. Birthplace Canada
 14. Maiden name No Record
 15. Birthplace Canada

16. Informant Mrs. Jennie Lewis
 Address Ridgely, Maryland.
 17. Burial St. Paul Date thereof 6/7/48
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory _____
 Location Ridgely, Maryland.

18. Funeral director Raymond B. Rawlings
 Address Greensboro, Maryland.

19. June 7, 1948 L. M. Pippin
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4th. 1948 at 930 P.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 3, 1948 to June 4, 1948
 and that I last saw him alive on June 4, 1948

Immediate cause of death Cerebral Hemorrhage
& Hemiplegia

DURATION

2 da.

Due to Cerebral Hemorrhage C.V.
 Due to Disease & hypertension
 Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE L. M. Pippin M. D. or other _____
 Address Greensboro, Md. Date signed June 5, 1948

RECEIVED

JUN 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6015

93d

Reg. Dist. No. 66

1. PLACE OF DEATH:

County Caroline
 City or town Queen Anne Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 Yrs.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Queen Anne Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____ X

3. (a) FULL NAME

William N. Luyster

3. (b) Social Security Number

X

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Amoretta
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) July 3, 1871
 8. AGE: Years 76 Months 11 Days 8 It less than one day _____ hrs. _____ min.

9. Birthplace Millbourne, N.J.
 (Town, county, and state)
 10. Usual occupation Farmer
 11. Industry or business X
 12. Name John P. Luyster
 13. Birthplace No Record
 14. Maiden name ? Reeves
 15. Birthplace No Record

16. Informant Wilson Luyster
 Address Queen Anne, Maryland.
 17. Burial Date thereof 6/ 14/ 48
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Lake Side
 Location Dover, Delaware.

18. Funeral director Raymond B. Rawlings
 Address Greensboro, Maryland.

19. June 11 19 48 May E. Land
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 19 48 at 11:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 19 48 to June 11 19 48
 and that I last saw him alive on June 10 19 48

Immediate cause of death Clear myocarditis
arteriosclerosis
cardiovascular disease
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____
 Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Clark X Stoughton
Greensboro M. D. June 11 19 48
 Address _____ Date signed _____

RECEIVED

JUN 17 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6016

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:

County Caroline
City or town Greensboro
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 mo
Hospital, institution, or street address where death occurred:
Steeved Home
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State NC County Caroline
City or town Pittsboro
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (a) FULL NAME

Hattie Haggadone Mitchell

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Lee Mitchell
6. (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) May 8, 1869

8. AGE: Years 79 Months 1 Days 2 If less than one day _____ hrs. _____ min.

9. Birthplace New York State
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Peter Haggadone

13. Birthplace New York State

14. Maiden name Mary Post

15. Birthplace New York State

16. Informant Mr. Lee Mitchell
Address Pittsboro, Maryland

17. Burial Date thereof June 13, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Denton

Location Denton, NC

18. Funeral director L. V. Moore & Son
Address Denton, NC

19. June 13, 1948 L. V. Moore
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1948 at 8:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 5 1948, to June 10 1948

and that I last saw him alive on June 10 1948

Immediate cause of death Cerebral Hemorrhage

Due to Cerebral Hemorrhage

Due to Arteriosclerosis

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Antopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Charles H. Haggadone M.D. of Deceased
Address Pittsboro, NC Date signed June 11, 1948

MARGIN RESERVED FOR BINDING

9-48-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 15 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH:

County.....**Caroline**
 City or town.....**Greensboro**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....**71 Yrs.**
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....**X**

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....**Maryland** County.....**Caroline**
 City or town.....**Greensboro**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....**X**

3. (a) FULL NAME

Sallie C. Nichols

3. (b) Social Security Number

X

4. Sex.....**F.** 5. Color or race.....**White** 6.(a) Single, married, widowed, or divorced.....**Widowed**
 6.(b) Name of husband or wife.....**John Nichols**
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.).....**July 21, 1876**
 8. AGE: Years.....**71** Months.....**11** Days.....**9** If less than one day..... hrs. min.

9. Birthplace.....**Greensboro, Caroline, Maryland**
(Town, county, and state)10. Usual occupation.....**Housewife**11. Industry or business.....**X**12. Name.....**John D. Tinley**13. Birthplace.....**No Record**14. Maiden name.....**Elmira Dill**15. Birthplace.....**No Record**16. Informant.....**Oscar Nichols**Address.....**Greensboro, Maryland.**17. **Burial** Date thereof.....**7/4/48**
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory.....**Greensboro**Location.....**Greensboro, Maryland.**18. Funeral director.....**Raymond B. Rawlings**Address.....**Greensboro, Maryland.**

July 3 48 **L. M. Pappas**
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....**June 30** 19**48** at **8:30 PM**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Oct. 1 19**47** to **June 30** 19**48**
 and that I last saw her alive on **June 29** 19**48**.

Immediate cause of death.....**Older nephritis**
 Due to.....**Intermittent Diabetes**
Cardiovascular Disease
 Due to.....**Chronic Myocarditis**
 Other conditions.....
 (Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of ..
 Where did injury occur?..... (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury..... Injured at work?

23. SIGNATURE.....**L. M. Pappas** M. D. or other
 Address.....**Greensboro, Md** Date signed.....**7/4/48**

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 8 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:

County Caroline
 City or town Rural Greensboro
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 hrs.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Greensboro, Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION) ✓
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Baby girl Sard (Louise Ann)

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced Infant
 6. (b) Name of husband or wife _____
 7. Birth date of deceased (mo., day, yr.) June 28 1948
 6. (c) If alive, give age _____ years
 8. AGE: Years _____ Months _____ Days _____ If less than one day 3 hrs. _____ min.

9. Birthplace Greensboro
 (Town, county, and state)
 10. Usual occupation _____
 11. Industry or business _____
 12. Name Edgar S. Sard
 13. Birthplace Cambridge Md.
 14. Maiden name Margaret Smith
 15. Birthplace Easton, Md.

16. Informant Edgar Sard
 Address Greensboro
 17. Burial Date thereof June 28 1948
 (Burial, cremation, or removal? Which?) (month) (day) (year)
 Cemetery or crematory Moore Burial Ground
 Location Near Greensboro, Md.
 18. Funeral director Edgar S. Sard
 Address Greensboro, Md.
 19. 6/28 19 48 S. M. Pippin
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1948 at 11:00 M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 28 1948 to June 28 1948
 and that I last saw her alive on June 28 1948
 Immediate cause of death Acute dehydration
 Due to Cholera
 (Influenza)
 Due to (9 months)
 Other conditions _____

DURATION

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____
 23. SIGNATURE Charles H. Strough
 M.D. or other _____
 Address Greensboro Md. Date signed 6-28-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 7 1948

BUREAU V. S.

Since this child was
born at full term

Can you state a more
definite cause of death?

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

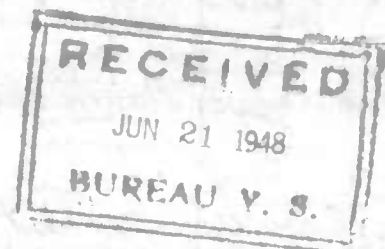
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6019

Reg. Dist. No. 61

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 1. PLACE OF DEATH: County <u>Caroline</u> City or town <u>Greensboro</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>22 yrs.</u> Hospital, institution, or street address where death occurred: How long in hospital or institution? <input checked="" type="checkbox"/> | | | | 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State <u>Maryland</u> County <u>Caroline</u> City or town <u>Greensboro Rural</u> (If outside city or town limits, write RURAL and give nearest town) Street No. _____ (If rural, give LOCATION) 2(a) If veteran, name war _____ | | | |
| 3. (a) FULL NAME <u>Irvin Wm. Smith Jr.</u> | | | | 3. (b) Social Security Number _____ | | | |
| 4. Sex <u>Male</u> | | | | 5. Color or race <u>Col.</u> | | | |
| 6. (a) Single, married, widowed, or divorced <u>Single</u> | | | | 6. (c) If alive, give age _____ years | | | |
| 7. Birth date of deceased (mo., day, yr.) <u>March 13 - 1926</u> | | | | 8. AGE: Years <u>22</u> Months <u>3</u> Days <u>0</u> It less than one day _____ hrs. _____ min. | | | |
| 9. Birthplace <u>Salem, New Jersey</u> (Town, county, and state) | | | | 10. Usual occupation <u>laborer</u> | | | |
| 11. Industry or business | | | | 12. Name <u>Irvin Wm. Smith Sr.</u> | | | |
| 13. Birthplace <u>Greensboro, Md.</u> | | | | 14. Maiden name <u>Mary Green</u> | | | |
| 15. Birthplace <u>Easton, Md.</u> | | | | 16. Informant <u>Irvin Smith Sr.</u> | | | |
| Address <u>Harrington, Del.</u> | | | | 17. Burial <u>Cokers</u> Date thereof <u>6/16/48</u> (Burial, cremation, or removal) Which? _____ (month) (day) (year) | | | |
| Cemetery or crematory <u>Near Greensboro, Md.</u> | | | | 18. Funeral director <u>R. B. Rawlings</u> | | | |
| Location <u>Greensboro, Md.</u> | | | | Address <u>Greensboro, Md.</u> | | | |
| 19. June 16, 1948 <u>L. M. Dixon</u> (Date rec'd by registrar) Registrar | | | | 20. DATE OF DEATH <u>June 13, 1948, at 3 P.</u> | | | |
| 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____, 19____, to _____, 19____, and that I last saw him _____ alive on _____, 19____. | | | | Immediate cause of death <u>Arrow Drowning Accident</u> | | | |
| Due to _____ | | | | Due to _____ | | | |
| Other conditions _____ | | | | Major findings of operations _____ | | | |
| (Include pregnancy within 3 months of death) | | | | Autopsy results _____ | | | |
| PHYSICIAN: Please underline the cause to which death should be charged statistically. | | | | 22. VIOLENCE: If death was due to external causes, fill in the following: <u>Accident</u> Date of <u>6/13/48</u> Accident, suicide, or homicide _____ Date of _____ Where did injury occur? <u>Greensboro Caroline Md.</u> (City or town) _____ (County or state) _____ Injured at home, farm, industry, public place (where?) <u>Public's place</u> Means of injury _____ Injured at work? _____ | | | |
| 23. SIGNATURE <u>James O. George</u> <u>Deft Medical Examiner</u> M. D. or other _____ Address <u>Easton Md</u> Date signed <u>6/13/48</u> | | | | | | | |



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6020

Reg. Dist. No. 62

1. PLACE OF DEATH:

County CarolineCity or town Nease Denton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Nease Denton B.R.
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Mary Thomas

3. (b) Social Security Number

4. Sex F 5. Color or race Cal 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Charles Thomas7. Birth date of deceased (mo., day, yr.) June 18th 1874
6. (c) If alive, give age 75 years8. AGE: Years 73 Months 11 Days 27 If less than one day _____ hrs. _____ min.9. Birthplace Maryland
(Town, county, and state)10. Usual occupation at home

11. Industry or business _____

12. Name James Dixon13. Birthplace Maryland14. Maiden name Caroline Shivers15. Birthplace Maryland16. Informant John ThomasAddress Federalburg, Ind.17. Burial Date thereof 6-18-48
(Burial, cremation, or removal) Which? _____ (month) (day) (year)Cemetery or crematory St Pauls CemeteryLocation Nease Denton Md.18. Funeral director J. Virgil MooreAddress Denton, Md.19. 6/18 19 48 M.D. George
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 19 48 at 4:1 M21. CERTIFY that death occurred on the date above stated; that I attended deceased from May 19 to June 15 19 48
and that I last saw her alive on June 14 19 48Immediate cause of death Cerebral HemorrhageDue to Hypertension DURATION 2 dayDue to _____ DURATION 2 yrs.?

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W.H. Small, M.D. M. D. or other _____Address Denton, Md. Date signed 6/17/48

RECEIVED

JUN 21 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

6021

62

1. PLACE OF DEATH:

County CarolineCity or town Wenton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town _____
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Francesca Powers

3. (b) Social Security Number

4. Sex F. 5. Color or race W. 6. (a) Single, married, widowed, or divorced Widow6. (b) Name of husband or wife L. B. Powers Head

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Aug. 21st 18718. AGE: Years 76 Months 8 Days 14 If less than one day _____ hrs. _____ min.9. Birthplace Denton Md
(Town, county, and state)10. Usual occupation at home

11. Industry or business _____

12. Name Chas Wilson13. Birthplace Denton14. Maiden name Maria Franklin15. Birthplace Maryland16. Informant Mrs. Thelma D. L. L. L.Address Denton Md.17. Buried Date thereof 6-11-48
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Denton CemeteryLocation Denton Maryland18. Funeral director J. Virgil MooreAddress Denton Md19. 6/9 1948 (Date rec'd by registrar)Registrar Wm & O George

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1948 at 11¹⁵ A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1948 to June 8 1948and that I last saw him alive on June 8 1948

Immediate cause of death _____

DURATION

Chronic Myocarditis 39mDue to Myocarditis 2mDue to Arteriosclerosis ?

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Nelson George M. D. or other _____Address Denton Date signed 6/9/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 12 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 716-01

1. PLACE OF DEATH:

County Caroline
 City or town Federalburg
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 years

Hospital, institution, or street address where death occurred:
Home

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalburg
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Rural
 (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

GEORGE W. TRUITT.

3.(b) Social Security Number

4. Sex

male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Seperated

6.(b) Name of husband or wife

Katie Pritchett

7. Birth date of deceased (mo., day, yr.) 5/27/1867
 6.(c) If alive, give age 81 years

8. AGE: Years Months Days If less than one day
81 x 22 hrs. min.

9. Birthplace Wingate, Maryland
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Robert Truitt13. Birthplace Maryland14. Maiden name Susan Tall15. Birthplace Maryland16. Informant Edith Truitt

Address Crownsville, Md.

17. Burial Date thereof 6/23/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Ebenezer Church

Location Crapo, Maryland

18. Funeral director LeCompte Funeral Service

Address Cambridge, Maryland

19. June 21 1948 John Macgill MD
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1948 at 8:40 P

21. I CERTIFY that death occurred on the 19th day of June 1948 at 8:40 P
 and that I last saw him alive on June 19 1948

Immediate cause of death Chronic myocarditis
 DURATION 147

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

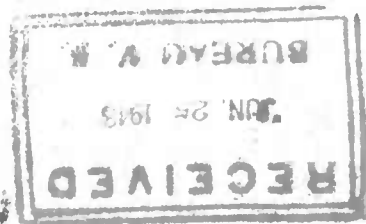
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Frank M. Anderson MD.

Federalburg, Md M. D. or other 6/21/48
 Address Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 68

6023

73 d

1. PLACE OF DEATH:

County Caroline
City or town Henderson Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 43 Yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Henderson Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2(a) If veteran, name war X

3. (a) FULL NAME

Walter Nathan Walls

3. (b) Social Security Number

X

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Widowed

6. (b) Name of husband or wife Elizabeth

7. Birth date of deceased (mo., day, yr.) November 14, 1858

8. AGE: Years Months Days If less than one day

89 7 6 hrs. min.

9. Birthplace Centerville, Queen Anne, Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business X

12. Name Nathan Walls

13. Birthplace Maryland

14. Maiden name ? Scotten

15. Birthplace Maryland

16. Informant J.E. Walls

Address Dover, Delaware.

17. Burial Date thereof 6/23/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Greensboro

Location Greensboro, Maryland.

18. Funeral director Raymond B. Rawlings

Address Greensboro, Maryland

19. 6/22 48 ac Smith
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 19 48 at 6:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on 5/5 48 9:20 PM

Immediate cause of death Cardio-Vascular Changes

Due to Age

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, pub'c place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE of J. Silver M. D. or other

Address Goldboro

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 2 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH:

County Caroline
City or town Marydel.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 days
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Del. County Kent
City or town Dover
(If outside city or town limits, write RURAL and give nearest town)
Street No. ✓
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Frank Williams

3. (b) Social Security Number

4. Sex Male 5. Color or race W 6.(a) Single, married, widowed, or divorced Single
6.(b) Name of husband or wife —
7. Birth date of deceased (mo., day, yr.) June ? 1980 6.(c) If alive, give age — years
8. AGE: Years 68 Months 0 Days ? If less than one day — hrs. — min.

9. Birthplace Hartley Del.
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business

12. Name James C. Williams
13. Birthplace Delaware
14. Maiden name Rotana Bedwell
15. Birthplace Del.
16. Informant Mary S. Williams
Address Marydel. Md.
17. Burial Date thereof 6/29/48
(Burial, cremation, or removal, which?) (month) (day) (year)
Cemetery or crematory Temp. house
Location Temp. house Md.
18. Funeral director Raymond B. Rawlings
Address Quinn Bros. Md.
19. 6/29 48 a c Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 19 48, at 11:30 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 2 19 47 to June 22 19 48
and that I last saw him alive on June 22 19 48
Immediate cause of death Chronic myocarditis
DURATION 3 yrs
Due to —
Due to —
Other conditions —
(Include pregnancy within 3 months of death)
Major findings of operations —
Date of op. —
Autopsy results —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —
23. SIGNATURE Chas. Williams M.D.
M. D. or other —
Address Dover, Del. Date signed 6-28-48

MARGIN RESERVED FOR BINDING

9-45-15M

V8 A16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County CarolineCity or town Denton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind County CarolineCity or town Denton
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Sylvain Mae Williamson

3. (b) Social Security Number

4. Sex

F

5. Color or race

W

6.(a) Single, married, widowed, or divorced

married

6.(b) Name of husband or wife

Charles Williamson6.(c) If alive, give age 30 years7. Birth date of deceased (mo., day, yr.) August 19, 1920

8. AGE:

Years

Months

Days

If less than one day

27929

hrs.

min.

9. Birthplace Greensboro, Caroline, Ind.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name George Thompson13. Birthplace Mich.14. Maiden name Millie Sharp15. Birthplace Mich.16. Informant Charles WilliamsonAddress Denton, Maryland17. Burial Date thereof June 20, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory GreensboroLocation Greensboro, Maryland18. Funeral director J. Virgil Moore & SonAddress Denton, Maryland19. 6/20 1948 Wm D O'Grady
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1948, at _____ M21. CERTIFY that death occurred on the date above stated; that I attended deceased from June 18 1948, to June 18 1948.and that I last saw her alive on June 18 1948.

Immediate cause of death _____

Due to Post Partum HemorrhageDue to Death of uterus

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Dr. H. H. Stansbury MD M. D. or other _____Address Greensboro, Ind. Date signed June 20, 1948

RECEIVED

JUN 29 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6026

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:

County Caroline
 City or town Greensboro Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 Yrs.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Greensboro Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2(a) If veteran, name war _____ X

3. (a) FULL NAME

Gwendolyn B. Wright

3. (b) Social Security Number

X

4. Sex F. 5. Color or race Col. 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife _____
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) December 8, 1914
 8. AGE: Years 33 Months 5 Days 25 If less than one day _____ hrs. _____ min.

9. Birthplace Wilmington, Delaware.
 (Town, county, and state)
 10. Usual occupation Housework
 11. Industry or business X

FATHER 12. Name Robert Wright
 13. Birthplace Queen Anne, Maryland.
 MOTHER 14. Maiden name Lydia May
 15. Birthplace Harrington, Delaware.
 16. Informant Robert Wright

Address Greensboro, Rural, Maryland.
 17. Burial Union Date thereof 6/ 5/ 48
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory _____
 Location Near Greensboro, Maryland.

18. Funeral director Raymond B. Rawlings
 Address Greensboro, Maryland.

19. June 4 1948 L. M. Pippin
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1948 at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 25 1948 to June 2 1948
 and that I last saw her alive on June 2 1948
 Immediate cause of death Celestasis
Bronchial Asthma

DURATION
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE Charles H. Henshaw
Greensboro, Md M. D. or other _____
 Address _____ Date signed June 3 1948

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 8 1948

BUREAU V. S.